Indiana State Department of Health

ENCIES FION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	005090	B. WING		04	/07/2016	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
PARKVIEW WHITLEY HOSPITAL 1260 E SR 205 COLUMBIA CITY, IN 46725						
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
000 INITIAL COMMENTS		S 000				
e hospital En	nergency Department.					
Date: 4/7/16						
nents for hosp 410 IAC 15- , Indiana Hos	oital emergency 1.6.2, Emergency spital Licensure Rules,					
04/08/16						
1 1 1	SUMMARY ST. SUMMARY ST. SACH DEFICIENCE EGULATORY OR I COMMENTS It was for a pr te hospital En Number: 005 77/16 W Whitley Hospital For hospita	TION IDENTIFICATION NUMBER: 005090 R SUPPLIER Y HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES FACH DEFICIENCY MUST BE PRECEDED BY FULL EGULATORY OR LSC IDENTIFYING INFORMATION) COMMENTS It was for a preoccupancy survey of the hospital Emergency Department. Number: 005090 77/16 W Whitley Hospital meets the ments for hospital emergency 410 IAC 15-1.6.2, Emergency 5, Indiana Hospital Licensure Rules, and treat patients.	TION DENTIFICATION NUMBER: A. BUILDING: 005090 B. WING 1260 E SR 205 2014 COLUMBIA CITY, IN 467 304	TION DENTIFICATION NUMBER: A. BUILDING: B. WING B. WING B. WING B. WING B. WING DETICION DET	TION IDENTIFICATION NUMBER: A. BUILDING: COMF 005090 B. WING O4. R SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE